

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317
FILED JUL 2 1962

Primary Registration District No. 547

Registrar's No. 1789

VS 300
Rev. 4/59

14005

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46

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Heights		c. CITY OR TOWN St. Louis	
Length of stay in lb 14 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 6529 Loran	
3. NAME OF DECEASED (Type or print) First Mabel Middle Lucille Last Reitz		4. DATE OF DEATH Month June Day 14 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-4-07
9. AGE (last birthday) 55		10. IF UNDER 1 YEAR Months - Days -	
11. IF UNDER 24 HOURS Hours - Min. -		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Primary School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Education	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George H. Hoffman		13b. MOTHER'S MAIDEN NAME Anna W. Koenig	
14. NAME OF HUSBAND OR WIFE Charles E. Reitz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Address Mr. Charles E. Reitz 6529 Loran		17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor - malignant (Glioblastoma) DUE TO (b) 193.0 DUE TO (c) 193.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a.m. pm Month, Day, Year 6/1/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Mo.	
21. I attended the deceased from 6/1/62 to 6/14/62 and last saw her alive on 6/14/62 Death occurred at 4:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Henry E. Lattinville, M.D.		22b. ADDRESS 111 Church St.; Ferguson, Mo.	
22c. DATE SIGNED 6/15/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-16-62		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY ADDRESS 6464 Chippewa	
25. DATE RECD. BY LOCAL REG. 6-15-62		26. REGISTRAR'S SIGNATURE John Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

111 Church Street
off Howard St.
Apartment 101 on corner

Dr. Henry E. Lattinville
950 Francis Place
Ph. 5-6291

2:30 Pm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Penney

Licensed Embalmer No. 41964

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.